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THE FACTORS UPON WHICH ITS EFFICIENCY DEPENDS.

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Three things are necessary to efficient public health administration: The man, the power, and the starting point. Having these, and a willingness to work for better public health, both on the part of the administrator and the administrated, good results are bound to follow.

The watchword of the age is efficiency—the doing away with haphazard methods and the substitution therefor of the methods of precision. Nowhere has this change been more marked than in the technique of preventing and eradicating disease. This change has taken the form of efficiency in public health administration. One might almost say that it has assumed the dignity of a science. Certainly it is the art of applying the principles of epidemiology.

Efficiency consists in the accomplishment of a given task in the minimum of time and with the minimum of effort. To accomplish this, it is necessary that one know exactly what he wants to do and that he have the power with which to do it. The knowing what you want to do, in public health work, is practical epidemiology, a knowledge of which is possessed by a relatively small number. The power with which to do it is legal and financial. Both are necessary.

Efficient public health administration comprehends the practical application of the principles of epidemiology. This can be done only by persons who have a knowledge of that science. Such knowledge requires time and labor for its acquirement. In other words, the only person who can efficiently do epidemiological work is an epidemiologist.

Eternal vigilance is the price of freedom from disease. The epidemiologist must, therefore, devote all of his time to his official duties. In epidemiology no man can serve two masters. Therefore, public-health officials must be full-time officers. They must be adequately salaried. At the present time there are very few epidemiologists who receive a salary which is commensurate with the

¹ Read before the federation of State medical boards of the United States, Feb. 25, 1914.

knowledge and labor which are required for the proper performance of their duties. Public health is a rather expensive necessity, and if the general public wants it, it will find that it can not get it from poorly prepared, underpaid men. The corner stone of efficient public-health administration is the well-qualified, full-time, well-paid health officer. In the end it will be found that the employment of properly trained public-health officials at adequate salaries is a measure of economy. The inefficient health officer wastes public funds in poorly directed efforts, and he does not accomplish results. The health officer who has been well trained knows what to do and when to do it, and he accomplishes things with the minimum of friction and expense. The States and municipalities of this country are beginning to realize that in order to have their public-health work properly administered they must employ men of proper qualifications for this purpose, and there is, therefore, a gradually growing demand for well-trained health officers. The larger educational institutions are endeavoring to meet this demand by offering courses leading to the diploma of public health. This is the first step toward efficient public-health administration.

Granted an efficient public-health administrator, he is powerless without legal backing. This legal backing is sanitary law. Of sanitary law there is no dearth. The statute books of the States of this country and the ordinance files of the municipalities are strewn with a hodgepodge of sanitary legislation which is illogical, without sound basis of fact, and impractical of administration. It is a direct and tangible evidence of inefficiency in public-health legislation. The spirit in which this legislation was enacted was good and was the result of a desire to remedy insanitary conditions. Unfortunately, a great mass of the sanitary law was enacted at a time when we did not have any very accurate knowledge regarding the factors in the dissemination of disease. Take, for example, the laws which have to do with the exhumation and transportation of the dead. In some of the States if the sanitary law were enforced it would be impossible to move the body of a person dead of yellow fever, no matter whether that person had been dead for 1 day or for 20 years. In some States the transportation of the bodies of persons dead of smallpox is absolutely forbidden. Recently, in order to carry the bones of a marine who died of smallpox 10 years ago from the Pacific to the Atlantic coast, it was necessary to carry them by water to New York via Panama in order that there might be no infraction of State laws. Instances of this kind could be multiplied indefinitely. We all know that dead bodies have very little to do with the dissemination of disease, yet we permit these laws to stand on the statute books.

Idle laws are worse than no laws at all. Their lack of enforcement is a menace to all laws which it is desired to enforce, and instead

of strengthening the hand of the administrator, they act as a deterrent to efficiency. One of the most useful things which could be done in furthering the cause of public health would be a revision of the sanitary law, and the repeal of laws which are impractical of administration, or which if administered would defeat the purpose for which they were enacted. It may be argued that this would be a tearing down rather than an upbuilding process, and that in repealing these defective laws nothing would be placed in their stead.

In the great mass of sanitary legislation at present to be found on our statute books there is one notable omission. Few of the States have an efficient law for the collection of morbidity statistics. We have been marvelously illogical with regard to our vital statistics. We have collected data upon births, marriages, and deaths; none of which conditions is particularly dangerous to the public health, and have almost entirely lost sight of the sick man, who is the point from which most human diseases are disseminated. Once a person is dead, his dangerousness is lost, and so far as practical public-health work is concerned he is an almost negligible factor. It is the living carrier of disease which is dangerous. Morbidity reports, particularly of the communicable diseases, show the location of cases which constitute foci from which disease may be spread to the well. The collection of morbidity reports thus makes it possible to know where to take the proper precautions for the protection of persons who may be exposed to a given disease, and therefore acts as a prophylactic measure for the community at large. This has an intensely practical bearing, because it not only makes it possible to prevent the spread of disease, but also enables this to be done at the minimum expense and with the minimum of effort. This is efficiency in its highest phase. There is also a humanitarian aspect of the question. The knowledge of the occurrence of disease makes it possible to see that the sick receive proper treatment, not only from a preventive but also from a curative standpoint. Still another benefit accrues, particularly with regard to the diseases which are strictly environmental in character, as for example, industrial diseases. The knowledge, for example, of the occurrence of a large number of cases of lead poisoning in a given factory, points to the necessity for taking steps toward the protection of the health of the operatives there.

From the research aspect the collection of morbidity statistics is extremely important, because it enables careful study of the epidemiology of disease, and affords an opportunity of gaining increased information relative to its means of spread.

Morbidity statistics, from an administrative point of view, are of value to the local health officer in that they give him the knowledge upon which to undertake operations for the prevention of the spread of disease in his particular locality. The State health officer is able

to apply this knowledge in controlling the extension of disease from the infected locality to the State at large, and he finds that unless he has an accurate knowledge of the occurrence of disease within his jurisdiction, the most important functions of his office are seriously handicapped. The United States Government, in its work of preventing the interstate spread of disease, finds that morbidity information is absolutely essential. The question has even an international aspect, because one nation can not prevent the importation of disease from another without serious detriment to commerce unless it have precise information as to the international geographic distribution of sickness.

The collection of morbidity statistics requires first of all a proper legal backing. This means the enactment of a well-thought out law. A model measure of this kind was adopted by the Annual Conference of State Health Authorities, with the Surgeon General of the United States Public Health Service, at Minneapolis in 1913, and an attempt is being made to secure the passage of this law by the various State legislatures. The next thing which is necessary in collecting morbidity statistics is cooperation. This cooperation begins with the practicing physician. The law, of course, provides a penalty for infraction, but no penalty, no matter how severe, will make physicians report all their cases unless they earnestly desire to cooperate with the health officer in the prevention of the spread of disease. Every practicing physician of intelligence realizes that if he fails to do his duty in this regard he not only endangers the health of his patients and their families, but also that of the community at large. It is doubtful if any good doctor wants to assume the responsibility for neglecting to report his cases of communicable disease. Such an action would be in violation of the spirit of his ethical code and would reflect upon the integrity of his citizenship. He must cooperate with the health officer and the health officer must cooperate with him. This requires tact and a certain degree of charity. Above all, a spirit of cooperation is essential.

When physicians fail to report cases of communicable disease it is the result of ignorance, carelessness, or a desire to protect the interests of their patients. They would not be imbued by the latter desire if the general public were in thorough accord with the spirit of preventive medicine. It seems to the practical health administrator as though the most important single thing which should be taught in the campaign of public-health education which is now going on would be the necessity for making prompt and accurate morbidity reports. In this connection it may be pointed out that if the measures of quarantine, disinfection, and placarding are applied by the health officer with tact and charity much of the public opposition to reports of sickness would vanish.

Having the proper public-health administrator and legal backing, a third ingredient is necessary to efficient public-health administration. This is another form of power, that is, money. Public health can be bought at a price. Compared with the returns which it brings that price is not high. As a matter of fact, the dollar which is spent on public-health administration is an investment yielding a high rate of return to the public weal. This fact, simple as it seems to those of us who have studied the question closely, has not yet permeated the public mind, and sanitary appropriations are usually dealt out with a parsimonious and begrudging hand. The remedy for this condition of affairs is the education of our citizens to the point where they will appreciate the necessity for public-health work. We may lecture to them on the danger of disease, we may instruct them as to the means of its prevention, but we will never be able to bring them to a realization of the financial side of public-health administration until we are able to present an accurate credit sheet covering our work. It is necessary that the public-health administrator demonstrate in terms of dollars and cents that public health and public wealth are inseparable—that they are practically synonymous terms. The humanitarian aspect of the subject should not be forgotten, but it is of relatively small importance in a country in which the courts have fixed the value of human life at about \$5,000.

The value of cooperative effort can not be overestimated. Among people who do not earnestly desire health it is well-nigh impossible, without the use of force, to bring about sanitary reforms. The general public, particularly in America, is wonderfully good natured, and will undergo, without complaint, almost any inconvenience if it can be demonstrated that it is necessary. We have been carrying on a campaign of public education for years, and it is beginning to bear fruit. It is too much to expect that the sanitary administrator will ever arrive at a point where he has all the money and cooperation he could wish for, but if the signs of the times are aright, and if we will but carry on our work with intelligence and common sense, we will find that the citizenship of this country will willingly lend its assistance. Three things are necessary to efficient public health administration: The man—the well-trained, well-remunerated, full-time health officer; the power—the intelligent, uniform, accurate law, and the adequate appropriation; the knowledge of the location and prevalence of disease, in order that it may be controlled by the cooperative effort of the general public, the medical profession, and the public health administrator.